

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155299	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/08/2013
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5909 LUTE RD PORTAGE, IN 46368
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/08/13</p> <p>Facility Number: 000196 Provider Number: 155299 AIM Number: 100267390</p> <p>Surveyors: Joe L. Brown, Jr., Life Safety Code Specialist & Robert Sutton, Life Safety Code Specialist Trainee.</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm</p>	K0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>system with smoke detection in the corridors; spaces open to the corridors and battery operated smoke detectors in all resident rooms. The facility has a capacity of 66 and had a census of 64 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/14/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0067 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure an undetermined number of dampers in the ceiling vents in 1 of 1 ceilings were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice had the potential to affect all occupants.</p>	K0067	<p>January 18, 2013 Indiana State Department of Health Long Term Care Division 2 North Meridian Street, Section 4-B Indianapolis, IN 46204 Dear Sir, Miller's Merry Manor of Portage respectfully requests to IDR K Tag-067 (NFPA 101 Life Safety Code) with the scope of a level F.</p> <p>Through the IDR process the facility is seeking to have this tag deleted or in its alternative a reduction in scope/severity. The facility is seeking to IDR tag due to additional information not being considered. On 1/8/2013 the facility faxed attachment (A) to the attention of Joe Brown, Jr. at the ISDH as our facility allegation of compliance to meet the standard of K-Tag 067. Please note that the facility advised the surveyor during the exit conference that the necessary maintenance had been completed in the last 4 years, and that a copy of the inspection records would be would be located and forwarded. The facility maintains the 2567 inaccurately alleges "the facility failed to ensure an undetermined number of dampers in ceiling vents in1:1 ceilings were inspected and provided</p>	01/08/2013	

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	<p>Findings include:</p> <p>Based on observation and interview with the Maintenance Supervisor during a tour of the facility from 9:00 a.m. to 11:00 a.m. on 01/08/13, after observing the fire dampers, the maintenance supervisor was asked if he could provide documentation of the fire damper inspections reports. Based on interview with the Maintenance Supervisor on 01/08/13, there was no documentation available for the fire damper testing.</p> <p>3.1-19(b)</p>		<p>necessary maintenance at least every four years in accordance with NFPA 90 A." Additionally, the surveyor advised the facility that if written proof was submitted to the ISDH on 1/8/2013 the citation would not be written. In conclusion, the facility has complied with the standard and no residents were adversely affected. The facility will keep a copy of the completed maintenance for the damper unit in the "Long-Term Survey Binder" in the front lobby. A copy of the most current damper maintenance verification will be maintained in the "survey binder" for ongoing compliance. K Tag 067 Please accept this POC as our credible allegation for compliance. The facility would like to respectfully request paper compliance for this citation. Miller's Merry Manor, Portage had necessary damper maintenance completed in /2011. See Attachment (A). All residents are at risk to be affected by the deficient practice. The facility will continue to have the damper unit inspected and maintained every 4 years and as needed to meet to ensure, ongoing compliance with the regulation. The facility will keep a copy of the completed maintenance for the damper unit in the "Long - Term Survey Binder" in the front lobby. A copy of the most current damper maintenance verification will be maintained in the "survey binder"</p>		

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			for ongoing compliance. Date of Completion: 1/8/2013		